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Fill in this information to identify	your case:				
Debtor 1					
First Name	Middle Name L	ast Name			
Debtor 2	Middle Name L	ast Name	_		
United States Bankruptcy Court for the:	District of				
			Check if th	nis is:	
(If known)			An ame	ended filing	
				lement showing postpetition of	hapter 13
Official Forms 4001			income	e as of the following date:	
Official Form 106I			MM / DI	D / YYYY	
Amended Sche	dule I: Your	Income			12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the	ou are married and not filing ise is not filing with you, do top of any additional page	g jointly, and your sp not include informa	oouse is living with yeation about your spou	ou, include information about y use. If more space is needed, at	our spouse.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spou	ıse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed		☐ Employed☐ Not employed	
Include part-time, seasonal, or self-employed work.					
Occupation may include student or homemaker, if it applies.	Occupation				
	Employer's name				
	Employer's address				
		Number Street		Number Street	
		City Sta	ite ZIP Code	City State ZI	P Code
	How long employed there	?			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated		If you have nothing to	report for any line, wri	ite \$0 in the space. Include your r	non-filing
If you or your non-filing spouse habelow. If you need more space, a	ave more than one employer,		ion for all employers fo	or that person on the lines	
			For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly,			\$	\$	
3. Estimate and list monthly over	time pay.	3.	+\$	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.	4.	\$	\$	

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

First Name	Middle Name	Last Name

			For Debtor 1	For Debtor 2 o	
Cop	y line 4 here	→ 4.	\$	\$	
5. List	all payroll deductions:				
5a	Tax, Medicare, and Social Security deductions	5a.	\$	_ \$	
5b	Mandatory contributions for retirement plans	5b.	\$	_	
5c	Voluntary contributions for retirement plans	5c.	\$	\$	
5d	Required repayments of retirement fund loans	5d.	\$	\$	
5e	Insurance	5e.	\$	\$	
5f.	Domestic support obligations	5f.	\$	\$	
5g	Union dues	5g.	\$	\$	
-	Other deductions. Specify:	5h.	+\$	_ + \$	
6. Ac	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	_ \$	
- 0-		7	Φ.	Φ.	
7. Ca	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
8. Lis	all other income regularly received:				
8a	Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				
	monthly net income.	8a.	\$	\$	
8b	. Interest and dividends	8b.	\$	\$	
80	Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d	Unemployment compensation	8d.	\$	\$	
8e	. Social Security	8e.	\$	_ \$	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce 8f.	\$	\$	
_	Specify:		Ψ	_ Ψ	
	Pension or retirement income	8g.	\$	_ \$	
	. Other monthly income. Specify:		+\$	_ +\$ ¬ г	
9. Ac	d all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	
	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	. \$	\$	
11. St a	te all other regular contributions to the expenses that you list in Sche	dule .	J.	_	
	ude contributions from an unmarried partner, members of your household, ands or relatives.	your c	dependents, your ro	oommates, and other	
Do	not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay exp	enses listed in Sched	dule
Spe	cify:				1
	the amount in the last column of line 10 to the amount in line 11. The			•	
Wri	te that amount on the Summary of Your Assets and Liabilities and Certain S	Statist	tical Information, if i	t applies	1
	you expect an increase or decrease within the year after you file this	form	?		
	No.				
	Yes. Explain:				